



AWARD-WINNING PARTNERSHIP

by Diane Rodill, PhD, FOH Bethesda

The Internal Revenue Service (IRS)-FOH Occupational Health Services Team was honored for inter-Agency collaboration, at the HRSA Awards Program, Wootton High School, Rockville, Maryland, July 31, 1996.

The plaque's inscription read, "For creating a dynamic working relationship resulting in the delivery of occupational health services to employees and concrete strategies for customer satisfaction."

The team initiated meetings in 1991 impacting on approximately 4000 IRS employees. IRS requested that FOH design a comprehensive occupational health program to suit the Agency's needs. The primary concern was 1200 employees who were relocated to 11 post-of-duty stations outside of the New Jersey-New York metropolitan area.

IRS New York, Regional Human Resources Team Leader, **Amy Chassid** said, "From the

outset, this has been a positive partnership between IRS, National Treasury Employees Union (NTEU) and FOH. We broke a lot of new ground and very successfully worked through tough issues. As a result, our employees are receiving excellent service. We are very pleased with the outcome." The players included (photo on right): Amy Chassid; NTEU Representative **Frank Heffler** (not available); Support Services Director **Barry J. Pelner**; IRS Fort Lauderdale Comptroller (formerly IRS Newark) **Sheri I. McKnight** (not available); and FOH New York Occupational Health Nurse **Maryann Basil**.

FOH designed a needs assessment requesting input from all IRS employees. Health education and promotion programs were then tailored to meet specific employee needs at the 11 worksites. Health services, including health risk appraisals, individual health counseling, influenza vaccines, blood



Left to Right: Amy R. Chassid, Barry J. Pelner, Maryann Basil

pressure monitoring, and vision testing were delivered at the worksites.

The award-winning partnership resulted in IRS savings and increased customer satisfaction based on comments from surveyed IRS employees and managers. For inquiries, call the Director, FOH Bethesda, **John Hisle**, (301) 594-0250; or jhisle@hrsa.ssw.dhhs.gov. ■

FINE-TUNING FAA POLICY

by FOH New York

Staff from the Federal Aviation Administration (FAA) and an FOH team have progressed significantly in reinventing FAA's medical surveillance policy. The policy may be in place within a year and is expected to deliver significant savings to the FAA. Substantively it will: (1) illuminate the difference between "at-risk" employees requiring medical surveillance exams versus the universe of employees currently given or not being given exams; (2) communicate roles and responsibilities within the Agency; (3) emphasize compliance with Occupational Safety and Health Administration medical surveillance mandates; and (4) address preventive health measures related to



workplace conditions and exposures for which no mandates exist.

The approach includes: (1) administering an occupational health questionnaire; (2) site visits to 5 work locations to interview flight surgeons and safety and health managers; (3) review of industrial hygiene reports and injury/illness and training records; and (4) review of FOH medical surveillance services previously provided to the FAA.

Lita Arnold, CIH, CSP, of the FAA Facility Environment and Safety Division, initiated the request that FOH New York create a team to

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BPHC Bureau of Primary Health Care
The People We Serve...The People We Are

CUSTOMER QUERIES

The following question is on an occupational health topic we thought would be of interest to you (updated information from an earlier issue). We hope the next issue will feature your questions. Answers will be provided by our technical experts. Submit to the Editor (see last page Credits Box). *Response by Paul Pryor, MS, CIH; FOH Philadelphia (photo below).*

Q: What are Federal managers' responsibilities for indoor air quality?

A: Management's responsibility is to provide a work environment that enables employees to carry out their specific job responsibilities in a safe, productive manner.



Although there is currently no specific OSHA regulation concerning indoor air quality (IAQ), OSHA has issued a proposal (see Federal Register April 5, 1994). Many IAQ specialists believe the proposed OSHA performance-based standard will be bogged down this year and next. This resulted from the volume of comments received (35,000+ exceeds any other OSHA-proposed regulation). A component addressing tobacco and second-hand smoke is felt to be a major concern for acceptance.

Federal managers' IAQ responsibilities cover: (1) increasing worker comfort; and (2) reducing concerns over poor work environments. Examples of complaints identified in an IAQ survey include: flu-like symptoms (eye, nose and throat irritation); nausea; chest tightness and pain; intestinal problems (cramps, constipation or diarrhea); dizziness; attention loss or lethargy; and allergy symptoms or asthma.

Until passage of the OSHA standard, FOH recommends that managers meet standards of OSHA or American Society of Heating, Refrigerating and Air-

Conditioning Engineers, Inc. These standards refer to how they apply to potential contaminants such as: carbon

Continued on next page

DIRECTOR'S LETTER

November 1, 1996

Dear FOH Client:



With this issue, we enter a new fiscal year and the advent of the next 50 years of serving your occupational health needs. While our mission remains the same, positive changes are emerging to serve you more efficiently and effectively: (1) Primary Points of Contact; (2) Basic Occupational Health Center Services; and (3) Reduced unit costs.

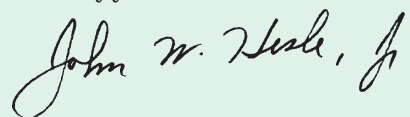
Effective soon, Primary Points of Contact (PPOC) in FOH will be assigned to serve you and your Agency's needs better. The role of this individual will be to promote customer satisfaction and facilitate product delivery (clinical services, environmental health and Employee Assistance Programs). This PPOC will be contacting you soon to discuss Agency agreements and meeting your needs.

On October 1, 1996, we responded to your requests by reorganizing our clinical services into what we call Basic Occupational Health Center Services (BOHCS). The BOHCS have similar or lower costs and other benefits: (1) decreased per capita cost; (2) elimination of unnecessary costly screenings and examination of low risk individuals; (3) expanded emphasis on health promotion, education and counseling; (4) increased flexibility in meeting your needs; and (5) standardized products for consistent nationwide services (see July 1966 letter and August 1996 newsletter article).

In addition to the above, we continue to expand our customer base. The direct benefit to you will be reduced unit cost and increased per capita benefits and services (see front page stories).

If you have other information requests, please contact Ms. **Colleen Johnson, MSN, COHN-S**, (local) **(301) 594-0260; 1-800-457-9808**; fax **(301) 594-4991**; or **cjohnson@hrsa.ssw.dhhs.gov**. Thank you for participating in your employees' health during FOH's next 50 years.

Sincerely yours,



John W. Hisle, Jr.
Director
Division of Federal Occupational Health

RESPONSE TO POSTAL WORKER SHOOTING

by Diane Rodill, PhD, FOH Bethesda

FOH Washington, DC, responded immediately when a postal worker was shot while carrying mail in Washington, DC June 11, 1996.

HRSA Administrator, **Ciro V. Sumaya**, MD, MPHTM, said, "FOH has again demonstrated their ability to rapidly mobilize Federal and contractor employees and resources from across the country to assist Federal employees in emergency conditions."

Bureau of Primary Health Care Director, **Marilyn H. Gaston**, MD, added, "We abhor any violence and regret the senseless and tragic loss of this employee's life (June 17, 1996). Our prayers are with his family and friends. In addition, we are deeply indebted to FOH's EAP counselors who were on-site

within hours of the incident to assess the situation and comfort the postal workers."

FOH's EAP Washington, DC counselors—in conjunction with the Postal Service's EAP Coordinator, Ms. **Robyn Ford**—provided the following services:

- Supported the employee's family initially at the hospital and made several subsequent contacts;
- Organized small and large support groups for employees to process their experiences and understand the structure of expected stages following a tragedy (debriefings), with individual sessions as needed.
- Stayed on call all night to meet any needs of the family or 80-Anacostia Postal Station (APS) employees;

- Supplied on-site counselors for direct services and an on-site administrative presence to the APS manager and 80-employees individually and in small and large groups the day following the shooting and the day after the death;
- Followed up with subsequent APS staff support meetings for further assistance (on going).

As a postscript, the youthful, alleged assailants have been arrested and charged. Direct inquiries to FOH/EAP Chicago, **Ernest Hardaway II**, DDS, MPH, (312) 886-4215 or ehardawa@phschi.ssw.dhhs.gov. ■

NIOSH RELEASES NATIONAL AGENDA

On April 29, 1996, the National Institute for Occupational Safety and Health (NIOSH) released a National Occupational Research Agenda (NORA).

NORA provides a framework to guide national research in the next decade for NIOSH and the entire occupational safety and health community. The agenda is NIOSH's response—to a broadly perceived need—to systematically address the topics that are most pressing and most likely to benefit the worker and the nation.

The agenda identifies 21 priority areas to protect U.S. workers from job-related injuries, illnesses and deaths. The 21 areas are divided

into three categories: (1) disease and injury; (2) work environment and workforce; and (3) research tools and approaches.

Approximately 500 individuals and organizations contributed to the agenda. NIOSH and its partners identified the priorities from many competing research needs based on the: (1) seriousness of a particular hazard; (2) number of workers exposed or the magnitude of risk; (3) potential for risk reduction; (4) expected trend in the importance of the research area; (5) sufficiency



Linda Rosenstock, MD

of existing research; and (6) probability of research problem resolution.

NIOSH Director, **Linda Rosenstock**, MD said, "The agenda is truly a collaborative product that reflects the expertise of the full occupational safety and health community and other participants. We look forward to the same spirit of partnership as we and others proceed to implement this plan.

NIOSH and its partners are collaborating on how best to implement the 21 priorities. Call **1-800-35-NIOSH** (1-800-356-4674) to contribute to the implementation process, or for copies of NORA (also available on NIOSH's Home Page: <http://www.cdc.gov/niosh/homepage.html>). ■

CUSTOMER QUERIES *Continued from page 2*

monoxide, carbon dioxide, formaldehyde, bioaerosols, particulates, and volatile organic compounds. Additional chemicals may include radon

and lead from paint and/or potable water systems. This proactive approach should reduce absenteeism, as well as increase worker satisfaction and productivity.

Direct inquiries to FOH Dallas, **Doug Pickup**, MS, CIH, (214) 767-3603, or dpickup@phsdal.ssw.dhhs.gov. ■

OUT OF THE CTS NIGHTMARE

by Art Plumstead, RPT, MA, FOH San Francisco

According to a recent Los Angeles Times article, "OSHA estimates that 800,000 to 2.7 million cases of repetitive stress injury (RSI) arise annually". Carpal Tunnel Syndrome (CTS) is the most common RSI whose symptoms include tingling, numbness, pain, etc. at the wrist.



Art Plumstead, RPT, MA
Human Resources Specialist.

Occupationally, it may lead to disability, absenteeism, workers comp costs, and more. Dedicated, productive employees are often affected, such as Mary, who happens to be a

Mary averages >6 hours per day computing, often while talking on the telephone. Her seated working posture is forward leaning, wrists extended, and head left rotated. The telephone handset is crouched between her ear and shoulder.

| ESTIMATED SAVINGS: 20 EMPLOYEES | |
|--|----------|
| ITEM(S) | COST |
| Workers Comp | \$49,650 |
| Reasonable Accommodation | \$6,731 |
| Indirect Costs* (1 employee @ \$115.50) | \$16,868 |
| Total | \$73,249 |
| Intervention** | -\$2,310 |
| Savings | \$70,939 |
| * 6 months' loss of Mary's services; increased work for other employees; additional supervisor involvement, etc. | |
| ** Preventive ergonomics program for 20: assessments, training, workstation evaluations and ergonomic aides, e.g., foot rests. | |

She frequently skips lunch and takes infrequent work breaks. Over the past 6 months, Mary has noted progressive discomfort in her wrists, shoulders, neck and low back. She can no longer perform her work duties; a painful wrist wakes her at night. The

diagnosis—severe CTS of both wrists requiring surgeries.

Mary's status following one surgery: (1) minimal improvement; (2) 3 months' work loss; (3) receiving physical therapy/worker's comp; (4) will return to work not earlier than 3 months; (5) will require "Reasonable Accommodation" measures, e.g., voice activated computer, etc.; and (6) a second surgery is scheduled.

The good news: (1) Mary's CTS probably could have been prevented; (2) July 11, 1996, "the House voted to allow the Government [OSHA] to issue guidelines on RSIs"; and (3) a preventive ergonomics program is available, easily justified by the return on investment (see box on left). For inquiries, call the Director, FOH Bethesda, **John Hisle, (301) 594-0250**; or jhisle@hrsa.ssw.dhhs.gov. ■

FINE-TUNING FAA POLICY

Continued from page 1

perform the policy review and reinvention task. Arnold said she was "very pleased with the progress made thus far, and optimistic that our combined efforts will yield a quality product that will benefit FAA employees far into the future!"

The team members are: from FOH New York, Environmental Health Representative/Project Manager **David Eisenhardt, MS**; Occupational Medicine Consultant **Michael**

Goldstein, MD; and Industrial Hygiene Consultant **Edward Olmsted, CIH, CSP**; and from FOH Philadelphia, Clinical representative **Mark Delowery, DO**.

Thanks to FAA and the FOH team, FAA will soon have a valuable new policy. Direct inquiries to FOH Dallas, **Doug Pickup, MS, CIH, (214) 767-3603** or dpickup@phsdal.ssw.dhhs.gov. ■

INFOH MATION

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MISSION



To provide high quality cost-effective comprehensive occupational health consultations and services with a public health perspective to Federal agencies; thereby, improving the health and increasing the productivity of Federal employees while reducing the liability and health care costs of the employer.